

**FOR PROFIT CORPORATION  
ANNUAL REPORT**

For Office Use Only

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FILED

11 MAY 31 AM 11:05

SECRET  
TALLAHASSEE, FLORIDA



DOCUMENT # **PD6000021080**

1. Entity Name

**Chef Selz INC**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business - No P.O. Box #

**5029 Chandelle Dr**

3. Mailing Address

**116-H Luyston Square**

CR2E034B (1/11)

Suite, Apt. #, etc

Suite, Apt. #, etc.

City & State

**Pensacola FL**

City & State

**Chesapeake**

4. FEI Number

**20-4395439**

Applied For

Not Applicable

Zip **32507**

Country

Zip

**VA**

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

**Barbara Jordan**

S. **5029 Chandelle Dr**

**Pensacola**

**FL**

Zip Code **32507**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Barbara Jordan*

Signature (typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when re-instating)

**5/9/11**

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$650.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing

**\$5.00** May Be

Trust Fund Contribution

Added to Fees

E-mail Address:

**barbara@chefselz.com**

E-mail address to be used for future annual report notices.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President Andrew Selz 116-H Luyston Square Chesapeake VA</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President/Secretary Barbara Jordan 116-H Luyston Square Chesapeake VA</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155 FS.

SIGNATURE:

*Barbara Jordan*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5/26/11**

DATE

Daytime Phone #

**815-453-8220**